

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	8m	20	05-30-01
<b>FORMALITY REVIEW</b>	A.T	1071	07/25/01
<b>RESPONSE FORMALITY REVIEW</b>	2333	1091	11/14/01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      0 ..... Objected

Claim	Date
Final	
1	9/25/01
2	9/25/01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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10/11/01